

04/23/99 Jc135 U.S. PTO

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Holly Wandel

Printed name of person mailing correspondence

Holly Wandel

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	04585/044001
Applicant	Mark Marchionni, Ralph Kelly, Beverly Lorell
Title	METHODS FOR TREATING CONGESTIVE HEART FAILURE

PRIORITY INFORMATION:

This application is a **[**continuation/divisional/continuation-in-part**]** of and claims priority from United States patent application **[**SERIAL NUMBER**]**, filed **[**FILING DATE**]**.

This application claims priority from United States provisional patent application **[**SERIAL NUMBER**]**, filed **[**FILING DATE**]**.

This application claims priority from prior foreign patent application **[**SERIAL NUMBER**]**, filed **[**FILING DATE**]**, in **[**COUNTRY**]**.

APPLICATION ELEMENTS:

Cover sheet	1 pages
Specification	54 pages
Claims	4 pages
Abstract	1 pages
Drawing	19 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] pages

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Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NUMBER] and such small entity status is still proper and desired.	[**] pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$760	\$760.00
Excess Claims Fee: 27 - 20 = 7 x \$18	\$126.00
Excess Independent Claims Fee: 1 - 3 = 0 x \$78	\$0.00
Multiple Dependent Claims Fee: \$260	\$260.00
Total Fees:	\$1,146.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1,146.00 to cover the total fees. <input type="checkbox"/> Charge [AMOUNT] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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